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DEC 3 1 2007

UNITED STATES'
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated average burden								
hours per respons	se <u></u> 16.00							

SEC USE ONLY								
Pretix	Serial							
DATE RECEIVED								
1	1							

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	iment and name has changed, and indicate change.)		
Partisan Media Group, LLC Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE	
Type of Filing: New Filing Amendme			
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the iss	ucr		
Name of Issuer (check if this is an amendme	ent and name has changed, and indicate change.)	FINAN CULL	07087122
Partisan Media Group, LLC			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Numb	er (Including Area Code)
17541 17th Street	Tustin, CA 92780	(714) 368-0406	·
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Numl	oer (Including Area Code)
Brief Description of Business			
Publishing			PROCESSED
		olease specify): ability Company	JAN 1 0 2008
	Month Year unization: 0 4 0 6 X Actual Estinates two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated ::	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC II	DENTIFICATION DATA		
2. Enter the information re-	quested for the fol	lowing:			
• Each promoter of the	ne issuer, if the iss	suer has been organized	within the past five years;		
Each beneficial own	er having the pow	er to vote or dispose, or o	direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive offi	cer and director o	f corporate issuers and o	of corporate general and ma	naging partners of p	partnership issuers; and
Each general and m	anaging partner o	f partnership issuers.			
01 1 D () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E December	F3 Dansfeld Owner	- D Eventine Officer	Director	General and/or Manager
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Managing Partner Manager
Full Name (Last name first, i	f individual)				
Price, Tracy					
Business or Residence Addre 17541 17th Street, Tustin	•	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Manager Managing Partner
Full Name (Last name first, i	f individual)				
Graves, Scott					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·
17541 17th Street, Tustin	, CA 92780				
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Manager Managing Partner
Full Name (Last name first, i Murphy, John	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
17541 17th Street, Tustin	, CA 92780				
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · ·	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(cs) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
	(Use bla	ink sheet, or copy and u	se additional copies of this	sheet, as necessary)	

Γ	•				B. IN	FORMATI	ON ABOU	r offeri	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No Iz
ı.	Answer also in Appendix, Column 2, if filing under ULOE.												.
2	2. What is the minimum investment that will be accepted from any individual?												
۷.													No
3.	· · · · · · · · · · · · · · · · · · ·												
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	Full Name (Last name first, if individual) NONE												
	_	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)			···			
Na	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			1 /**			
	(Check	"All States	or check	individual	States)		*************	····	*********	********		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)	·			· · · · · · · · · · · · · · · · · · ·					
Bu	siness or	Residence	: Address (l	Number an	d Street, C	ity, State, I	Zip Code)		-				
Na	me of Ass	sociated Bi	roker or De	alet				······································					
Sta	ites in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					<u> </u>	
	(Check	"All State:	s" or check	individual	States)	*********				***************************************		□ A1	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)					<u></u>	
Na	me of As	sociated B	roker or De	aler		 -	····································						
Sta	ates in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	i				<u>.</u>	
	(Check	"All State	s" or check	individual	States)		••••••					☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN		CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	:		
	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Pri	ce	Sold
	Debt	s		\$
	Equity	\$		\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		s
	Partnership Interests	\$		\$
	Other (Specify LLC Membership Interest			\$ 50,000.00
	Total	\$ 50,000.00		\$_50,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	-		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;		Aggregate Dollar Amount of Purchases
	Accredited Investors	5		\$ 50,000.00
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	s e		
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505		—	\$
	Regulation A		_	\$
	Rule 504			\$
	Total	N/A	_	\$_N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•,		
	Transfer Agent's Fees	******		s
	Printing and Engraving Costs	******		s
	Legal Fees		×	\$_1,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		X)	\$ 1,000.00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EATENSES AND USE OF	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$. 🗆 \$
	Purchase of real estate	s	
	Purchase, rental or leasing and installation of machinery and equipment	\$. 🗆 \$
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness	\$. 🗆 s
	Working capital		★ \$ 49,000.00
	Other (specify):		
	Column Totals	\$ <u>0.00</u>	\$ 49,000.00
	Total Payments Listed (column totals added)	x \$ <u>4</u>	9,000.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	ule 505, the following en request of its staff
Iss	nuer (Print or Type) Signature	Date	
_	artisan Media Group, LLC	12/2	J/O')
	me of Signer (Print or Type) The of Signer (Print or Type)	'	t
Sc	ott Graves President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

[E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is find (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furr	nished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of estublishing that these conditions have been satisfied.	tit led to ming th	the Uniform e availability
The iss	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha	lf by the	undersigned
duly au	thorized person.		
Issuer ((Print or Type) Date	\sim /	
Partisa	n Media Group, LLC	\mathcal{I}/ℓ	<u>)' </u>
Name (Print or Type) Null (Print or Type)	1	,

President

Scott Graves

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 5 4 ļ 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of offering price to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors **Amount** Investors Amount State Yes No ΑL ΑK ΑZ ΑR X CA 1 \$50,000.00 -0-CO CT DE DC FL GA Н ID IL IN IA KS KY LA ME MD MΑ ΜI MN MS

5 4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and to non-accredited offering price waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No **Investors** Amount Investors Amount No State Yes MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv WI

APPENDIX

				APP	ENDIX					
1		2	3		4					
	to non-a	i to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)					
State	Yes	No	1	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

